

**Nevada Department of Agriculture  
Division of Animal Industry**

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**REQUEST FOR PASTURE-TO-PASTURE MOVEMENT PERMIT  
(California movement-Commuter Herd Agreement)**

I request permission to move the following beef cattle into the State of \_\_\_\_\_

# adult females		# adult bulls	
# calves		# steers	
# heifers			

Brand description: \_\_\_\_\_

Location, mailing address and phone numbers where cattle are moving from and to:

**ORIGIN OF CATTLE**

**DESTINATION OF CATTLE**

\_\_\_\_\_  
(Ranch)

\_\_\_\_\_  
(Ranch)

\_\_\_\_\_  
(Actual Location)

\_\_\_\_\_  
(Actual Location)

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(City, County, State, Zip)

\_\_\_\_\_  
(City, County, State, Zip)

\_\_\_\_\_  
(Owner)

\_\_\_\_\_  
(Owner)

\_\_\_\_\_  
(Manager)

\_\_\_\_\_  
(Manager)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(Phone)

**Date cattle leaving:** \_\_\_\_\_  
Month, Year

**Date cattle returning:** \_\_\_\_\_  
Month, Year

How many years have you been moving your cattle to the described premises? \_\_\_\_\_

Do these cattle graze with cattle from other herds? \_\_\_\_\_

Are the fences intact and well maintained? \_\_\_\_\_

Are all female cattle 12 months of age or older brucellosis vaccinated? YES ☐ NO ☐

If NO, what percentage of your herd is vaccinated? \_\_\_\_\_

Are all breeding cattle 12 months of age or older tested for tuberculosis? Yes ☐ NO ☐

Test date: \_\_\_\_\_ # tested: \_\_\_\_\_ A TB test is good for pasture-to-pasture movements for 3 years.

Veterinarian who did TB Test \_\_\_\_\_ Phone \_\_\_\_\_

- This agreement is for one pasture season for the cattle, duration (to return within eight months), and premises described.
- Permits are issued on a case-by-case basis. Requests should be submitted to the Animal Health Branch at least 30 days before the move. A copy of the approved permit will be sent to the owner or legal representative.

## REQUEST FOR PASTURE-TO-PASTURE MOVEMENT PERMIT

In accordance with the Code of Federal Regulations (9CFR Sections 77.10-77.18) I understand and agree that:

1. The cattle described herein are from a valid breeding herd, established more than six months, moving for grazing without change of ownership.
2. I will have all sexually intact cattle 12 months of age or older TB tested before moving OR within 12 months of that first movement.
3. For subsequent pasture-to-pasture movements while California is less than TB-Free, I will have all sexually intact cattle 12 months of age or older retested for TB within three years of the prior TB test.
4. A copy of the TB test documents will accompany the cattle and be available for review.
5. Cattle added to my herd in California will be TB tested before entering the herd.
6. Sexually intact California cattle 12 months of age or older sold in the destination state will go directly to a State or Federal slaughter plant, State Approved Feedlot, or Federally Approved market (with market notification), unless tested TB negative in the last 12 months.
7. If cattle test positive for TB or brucellosis in the destination state, the herd will not be allowed to move until it has been fully evaluated by the designated State epidemiologist.
8. I will account for all animals on this agreement.
9. This agreement may be changed if the risk of disease changes.
10. The AVIC, with concurrence of the California AHB and the AVIC and the State Veterinarian of the destination state, must approve this agreement and any exceptions to this agreement.

Signature of herd owner or legal representative: \_\_\_\_\_ Date: \_\_\_\_\_

### APPROVAL

**USDA AVIC at Origin:** ☐ Approved ☐ Not approved

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**State Official at Origin:** ☐ Approved ☐ Not approved

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**USDA AVIC at Destination:** ☐ Approved ☐ Not approved

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**State Official at Destination:** ☐ Approved ☐ Not approved

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Permit No.: \_\_\_\_\_

**Additional Requirements:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_